CHILDREN'S SYSTEM REDESIGN FREQUENTLY ASKED QUESTIONS

Question	Answer	
BACKGROUND		
What is the Children's System Redesign Project?	Children's System Redesign is a collaborative project between the divisions of Medicaid and Family and Community Services (FACS) to design a system of care approach with an improved range of Medicaid benefits for children who have developmental disabilities based on the individualized needs of these children.	
What is the goal of the Children's System Redesign Project?	To improve the overall system of care that supports children with developmental disabilities. When redesign work is complete, we expect to have benefits that provide therapy, support, and respite services to help children with developmental disabilities (DD) be important, participating members in their families and communities.	
Who has been involved in the Children's System Redesign process?	The department has collaborated with members of a steering committee, design committee, and three work groups to identify areas of improvements and develop recommendations for the Children's System Redesign. These committees and work groups included:	
	 Parents Speech Therapists Psychologists Physical Therapists Occupational Therapists Developmental Disability Providers Educators Advocates IDHW Staff 	
Why are children's developmental disabilities services being redesigned?	Over the past few years, the Idaho Department of Health and Welfare (IDHW) has heard from families, providers, and other stakeholders that the current Medicaid benefits offered to children with developmental disabilities need to be improved. Suggested improvements included:	
	 Having service options that include supports in addition to therapy Improving the coordination of services and collaboration between various service providers Increasing opportunities for family involvement 	

Question	Answer
Why should this program add new benefits?	Currently, Idaho's benefits are limited to different forms of therapy, which do not always address the individual needs of children and their families. Therapy has its place, but we believe Idaho can do better by providing more options for families.
	Through public input, we heard that the current system over-emphasizes structured training and expected outcomes, when often times what children really need is the opportunity to participate in community activities that other children are able to do independently. The new benefits we are proposing are a direct response to these concerns.
	We also heard that families are concerned with the quality of services their children are receiving. The new qualifications ensure that all therapists providing intervention services are professional level, and that both non-professional and professional staff have sufficient training specific to working with these children.
BUDGET	
Will children's benefits decrease under the redesign?	The goal is to make the redesigned benefits budget neutral. The emphasis is on ensuring that funds are allocated according to a child's needs, while giving families greater say in how the available resources are spent. In the current system, there is a tendency for all children to receive the same levels of therapy services without recognizing different needs for support services and for more intensive services. The new design is intended to direct resources where they are most needed and where they will provide the best outcomes.
How will rates for benefits be established?	Rates will be developed using Medicaid's established rate setting methodology. We will be gathering information from DD providers to help us with projecting agency costs for the new services, and will use this data to calculate the new target rates.
	During the second year of the redesign, IDHW will validate cost data through a survey process based on the operating program, and update the target rates accordingly.

Question	Answer
Will the redesign save money?	The redesign is intended to be cost-neutral by providing the right type and amount of benefits at the right time. The department hopes to make the best use of resources for early intervention, and to reduce ineffective use of therapy benefits when supports are often what are needed.
How many hours of therapy will my child receive?	Under the new system families are not limited to hours per week for services, and are also not limited to three years of intervention service as they are in the current system. Instead, families are given a budget amount for the year. Through a family-centered planning process, families will select a combination of services that will meet their identified goals and work around their schedules. Having a budget gives families flexibility to plan for the year and use budget dollars as they see fit.
How will my budget be decided?	The budget methodology is driven by evidence-based research that creates a system based on needs – as a child's level of need increases, their budget level increases accordingly.
What services are included in my budget?	Your child's budget includes all direct developmental disability (DD) services. Under the traditional option, those services are Respite Habilitative Intervention Family Training Family Education Interdisciplinary Training Under the family-directed services option, the family is able to use their budget for non-traditional services.
New What are examples of services <u>not</u> included in my budget?	A few examples of services that are not included in your child's budget are:

Question	Answer	
CASE MANAGEMENT/PLAN D	CASE MANAGEMENT/PLAN DEVELOPMENT	
What is a plan developer?	A plan developer is a state employee or contractor, or non-paid person, who will direct and coordinate your child's developmental disabilities services. This will ensure all of your child's service plans are coordinated, and that service professionals across disciplines are working in collaboration with one another.	
Will I get to keep my service coordinator?	Plan development will be completed by the department and by selective contractors. You may be able to keep your service coordinator if that person is selected as a contractor. If you choose the family-directed services option and have a support broker, your service coordinator could choose to become a support broker.	
Why is this change happening with service coordination?	The department has been directed by the legislature to pursue selective contracting. By pursuing selective contracting for service coordination, the department is anticipating improving system efficiencies, increasing service coordination, removing conflict of interest and self-referrals, and adding clinical plan developers to ensure evidence-based practices are followed.	
What are the qualifications for the plan developer?	The qualifications for the plan developers will align with the current qualifications for service coordinators.	
What should service coordinators do to assist families in transitioning to the redesign system?	The Department is beginning the transition process by sending the family an application for eligibility re-determination 4 months in advance of a child's birthday. It would be helpful if their service coordinator ensures the family receives the application on time and assists the family in gathering the required documentation needed to complete the application.	
	If a child does not receive an application 4 months prior to their birthday, it most likely means that the Department does not have accurate contact information. If a child does not receive an application, please have the family contact the regional office with the correct address and phone number.	

Question	Answer
Can a child's service coordinator work for a private children's service coordination agency and the Contractor (if hired) at the same time?	The contractor would need to make this determination.
ELIGIBILITY	
How does a child qualify for receiving these new benefits?	To be eligible for services, a child needs to be determined to have a developmental disability. Under the redesign, children will be eligible for services based on their individual needs using a three-tiered approach:
	 Children with developmental disabilities (approximately 15% of children): Access to respite, habilitative supports, family education, and plan development. Children who meet institutional level of care (approximately 70% of children): In addition to the services identified above, adds intervention, family training, crisis intervention, interdisciplinary training, and therapeutic consultation. Children ages three to six with autism or maladaptive behaviors and who meet institutional level of care (approximately 15% of children): Provides all the same services identified above with an increased budget amount to accommodate intensive levels of intervention services.
Will the criteria for determining if a child has a developmental disability change under the redesign?	No, developmental disability eligibility standards are not changing. Children who are eligible to receive services from developmental disabilities agencies (DDA) in the current system will continue to have access to the new benefits.
Who is going to determine eligibility and budget amounts for my child?	An independent assessment provider (IAP) will perform assessments to determine your child's program eligibility and will calculate your child's budget amount for the year.

Question	Answer
What if I don't agree with the budget amount or eligibility determination?	If a family disagrees with the child's budget amount and/or eligibility determination, they always have the right to appeal the Department's decision and request a fair hearing.
How long does a family have to appeal a decision related to a budget amount or eligibility determination?	A family has 28 days from the date the notice was mailed to appeal a decision. Information on how to appeal a decision is included in all department eligibility notices.
What are the qualifications for the IAP?	The IAP contractor will be required to meet the minimum qualifications of a qualified intellectual disabilities professional (QIDP/QMRP) as required by federal law.
Who determines eligibility for children birth to three?	The Department's independent assessment provider, Idaho Center for Disabilities Evaluation (ICDE), determines eligibility for developmental disabilities services for children age birth – 17 with the exception of children enrolled in the Infant Toddler Program and children only receiving school-based services.
	Children enrolled in the Infant Toddler Program will continue to have their eligibility determined by the Infant Toddler Program.
Will eligibility for children's service coordination continue to be determined as it is now within each region for children with serious emotional disturbance (SED) and special health care needs?	Yes. Service coordination for these populations is not impacted by the redesign.

Question	Answer
For Katie Beckett determinations, if the DD Children's Program determines DD eligibility and the Medicaid Nurse Reviewer determines ICF/ID level of care, how is a referral made to the IAP to determine a budget?	The Department has a process in place for sharing this information between the contractor and Department staff to ensure consistency and avoid duplication of assessments.
Will children with SED and special health care needs be required to complete an intake on their birthday or when their current plan expires?	No, children will only go through an intake if the family is interested in accessing developmental disability services.
FAMILY CENTERED PLANNIN	G/PLAN OF SERVICE
Can I have help with transportation to attend the planning meeting?	Yes, there are transportation resources available for you. The department uses a transportation broker to help participants with non-emergent, medical transportation.
When implementing a child's plan of service, can group be provided if only individual is authorized on the plan? Can individual services be provided if only group is authorized on the plan?	No. In order to bill for group or individual, the service delivery method (group or individual) must be listed on the plan.

Question	Answer
When implementing a child's plan, is there flexibility on the number of individual or group hours that are provided?	The plan of service guides the type (i.e. supports, intervention, training, education etc) and amount of services that should be provided. However, the family and provider have the ability to make adjustments to the delivery method (group or individual) without having to go back for a plan change. Providers are required to stay within their budget for the service type. Changes to the delivery method should be based on the child's response to therapy, approved by the
	family and documented on the child's status report. An amendment will be required if a family wants to make a change to the type of service a child receives (example: a family wants more supports and less intervention).
How are changes made to the plan of service?	At any point during the plan year the family or provider may request changes be made to the child's plan of service.
	 The family may contact their case manager to talk about making changes to the services. The family may discuss changes with their provider who can contact the family's case manager to request changes. The case manager will make an addendum to the plan of service based on the family's suggestions, and will ensure the provider receives the new plan of service and is informed of the changes.

FAMILY DIRECTED SERVICES – PLEASE SEE FAQ'S AT <u>www.familydirected.dhw.idaho.gov</u>

Question	Answer
PHASED IMPLEMENTATION -	- TRANSITION TO BENEFITS
How will the re-designed services be approved?	Agency rules will be presented to the 2011 Legislature for review and approval. The federal government will be reviewing and approving three policy products:
	 A State Plan Amendment for the tier one benefits A Waiver for tier two benefits and An Act Early Waiver for tier three benefits
	Phased implementation to the redesign benefits will begin July 1, 2011.
How will children transition to the new benefits?	Initially, the Department created a transition plan that phased children into the redesign system according to their birthdays. Families were contacted four months before the child's birthday to let them know what steps to take for the transition.
	During the transition, families continue to have access to developmental therapy, IBI, and service coordination as long as the services remain in the State plan. For this reason, families have chosen not to transition until their current services are scheduled to end on June 30, 2013.
	The Department extended the transition plan one more year to give families additional time to transition in order to avoid a gap in services for children. The Centers for Medicare and Medicaid Services (CMS) have approved the removal of developmental therapy and IBI with an effective date of June 30, 2013.
	A parent letter and information release was mailed to families and providers informing them of the steps to take to transition, and can be found on the redesign website at www.redesignforchildren.medicaid.idaho.gov . A second parent letter and information release will be mailed again in November.
When can families begin accessing the new Children's System Redesign benefits?	A phased implementation of the new benefits is scheduled to begin for summer 2011.

Question	Answer
Should a 17.5 year old who is not receiving DD services and whose birthday is in November apply for children or adult services?	Children who are turning 18 during the transition year should apply for the adult program according to their redetermination date, and will not transition into the new children's benefits at their date of birth. If the participant is new to the system, they would follow the process to apply for adult services.
PROVIDER TRAINING	
What type of training is required for the habilitative support provider?	The support provider must complete competency coursework specific to working with children with disabilities, and must receive training by their supervisor specific to the child's individual needs. In addition, interdisciplinary training will encourage the interventionist to cross-train the support staff to ensure techniques are consistent.
What type of training is required for the habilitative intervention provider?	Interventionists will need to demonstrate that they have completed credit hours from an accredited university in the areas of applied behavioral analysis, child or human development, and learning theory/psychology of learning.
	The department wants to ensure professionals under the new system have the knowledge and expertise to provide evidence-based practices and deliver high quality of services.
Will the coursework requirement create access issues?	The department is committed to ensuring children continue to have access to services under the redesign. Current developmental specialists and intensive behavioral intervention professionals will have two years to meet the coursework requirements. A lot of professionals in the current system should already meet most of the requirements.
	All DD providers delivering services in the current system will have a place delivering services under the redesign.

Question		Answer	
Why does the habilitative intervention certificate of completion require renewal every 2 years?	In the previous system there was no mechanism to track access to professionals across the state. This renewal requirement provides information as to whether the professional is currently working in the field, what area they are working in, and any updates to their certification and contact information.		
SERVICES			
How will families access Medicaid- covered services?	Families will have the choice services through two differ	ce to use an individual budget to ent options:	access Medicaid-covered
	model will continue	Families who want to access ser to receive services from Medica paid for providing defined Medica	id developmental disability
	the new family-dire	rvices Model - Families who want cted services model will have the ed by the family from persons an	e ability to purchase services
What Medicaid benefits are included in the traditional model?	The following Medicaid benefits are available for children accessing services through the traditional model:		
	Supportive Services	Intervention Services	Collaboration Services
	Respite	Intervention	Plan Development
	Habilitative Supports	Family Training	Interdisciplinary Training
	Family Education	Crisis Intervention	Therapeutic Consultation
What does "intervention" mean?	reduce problem behaviors. research shows they are lil the child on goals and object demonstrate outcomes. For the new intervention seems	on formalized programs to teach Idaho plans to cover these interestly to be most effective. Interventives based off of a therapeutic ervices, current developmental services based intervention services.	rvention services where the entionists work intensely with c plan, and use clinical data to specialists and IBI

Question	Answer
What does "supports" mean?	Support services do not require collecting clinical data or developing a therapeutic plan in order to demonstrate outcomes. Instead, supports provide relief for families caring for children with disabilities, as well as opportunities for children to explore their interests and integrate into the community in a natural way without distractions from the structured programming involved with therapy interventions. For respite and habilitative support services, current developmental therapy and intensive behavioral intervention (IBI) paraprofessionals will be qualified to provide these support services. The support staff's primary role is to ensure the health and safety of children by supporting them as they play and interact with peers in the community.
What federal authorities are children's services approved under?	 Children's services are covered under the following federal authorities of the Social Security Act: 1905(a) State Plan – The State Plan is designed to cover basic medical services. Some services available for children include physician, occupational therapy, physical therapy, speech therapy, psychotherapy, personal care services (PCS), psychosocial rehabilitation (PSR), and durable medical equipment. 1915(i) Home and Community Based Services State Plan Option – This option is designed to cover unique services for a targeted population. Children's DD services available include respite, habilitative supports, and family education. 1915(c) Home and Community Based Services Waiver – This option is designed to cover unique services for a population that meets institutional level of care. Children's DD services available include respite, habilitative supports, family education, habilitative intervention, family training, interdisciplinary training, therapeutic consultation, and crisis intervention.

Question	Answer
Is the availability of occupational therapy (OT), physical therapy (PT), and speech therapy (ST) going to change?	OT, PT, and ST services are not impacted by the redesign and your child will continue to be able to access these therapies using the current process. An exciting new change that involves OT, PT, and ST professionals is the increased opportunities available for them to collaborate with DD professionals during plan development and direct service delivery. These therapy services don't come out of a child's budget.
If my child does not use services for 30 days, will we lose eligibility?	Federal law requires that participants enrolled in a waiver program receive waiver services continuously, and if there is a lapse in service over 30 consecutive days the child is removed from the waiver. Although the state is required to track this information, families will not be impacted by this requirement. A process will be in place to ensure the child has a smooth transition back into the program without having to repeat the entire eligibility and planning process.
Can I have help with transportation for my child?	Yes, there are transportation resources available for you. The department uses a transportation broker to help participants with non-emergent, medical transportation. For example, the broker may be contacted to provide transportation from your home to the developmental disabilities agency (DDA). Transportation costs don't come out of the child's budget. Participants can't receive transportation services and direct services at the same time.
Can a child's parent be reimbursed for mileage?	Parents can be reimbursed for mileage at \$.25 per mile. The parent must submit an application to American Medical Response (AMR) to be eligible for reimbursement. Parents may call AMR at (877) 503-1261 to request an application or to schedule transportation.
What is interdisciplinary training?	Interdisciplinary training is professional instruction to the direct service provider that provides assistance to meet the needs of children on a waiver program. Interdisciplinary training must only be provided during the provision of a developmental disabilities support or intervention service. Interdisciplinary training provides assistance with health and medication monitoring; positioning and transfer; intervention techniques; positive behavior support, and use of equipment.

Question	Answer
Who can provide interdisciplinary training?	Occupational therapists, physical therapists, speech-language pathologists, practitioner of the healing arts, habilitative interventionists, and therapeutic consultants are qualified to deliver interdisciplinary training.
UPDATED How is interdisciplinary training billed by each professional?	Interdisciplinary training encourages collaboration by allowing providers to bill at the same time, however only one professional can bill interdisciplinary training and one professional can bill for the direct service. The professional can decide whether they bill their discipline or interdisciplinary training for the collaboration. The billing code is 99368 and is billed 1 unit = 30 minutes.
Can an Interventionist provide interdisciplinary training to a support staff? If so how do they bill?	Yes an interventionist can provide interdisciplinary training to a support staff. The interventionist provides training to the support staff while they deliver support services to the child. The interventionist's time is billed as interdisciplinary training, and the support staff's time is billed as habilitative supports.
What are examples of acceptable billing for interdisciplinary training?	Professional with Professional: When a speech-language pathologist (SLP) is scheduled for interdisciplinary training with a habilitative interventionist, the SLP is providing the service and bills SLP, and the habilitative interventionist observing the SLP bills interdisciplinary training. When an occupational therapist (OT) observes a habilitative interventionist professional, the OT would bill interdisciplinary training and the habilitative interventionist would bill habilitative intervention. Professional with Paraprofessional: If interdisciplinary training is needed for a habilitative support staff, the professional always must bill interdisciplinary training since it is a professional service, and the support staff always must bill habilitative supports.

Question	Answer
What guidelines are available for professionals interested in providing interdisciplinary training?	 IDAPA 16.03.10 "Medicaid Enhanced Plan Benefits," Section 680-686. http://adminrules.idaho.gov/rules/current/16/index.html Medicaid Provider Handbook: Agency Professional – Children's Developmental Disabilities Redesign Services CMS 1500 Instructions – Children's DD Redesign Services – Traditional Option https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx Medicaid Fee Schedule:
	 Children's System Redesign (Fee and Billing Codes) http://www.healthandwelfare.idaho.gov/Providers/MedicaidProviders/MedicaidFeeSchedule/tabid/268/ Default.aspx
NEW Can Therapeutic Consultation be billed for time spent meeting with the school?	The therapeutic consultant is able to gather information from the school to assist them with developing a positive behavior support plan for the child in the community. The billable time would be counted towards the community benefit of 18 hours per year. If the need is to address the behavior in the school setting, there is a new service called behavioral consultation that should be provided for this purpose. Our community therapeutic consultants can contract with the school to provide behavior consultation in the school environment, and the time would be subject to the school limitations of 36 hours per year. The school would bill for the service.
NEW Is family training allowed for individuals other than the child's parent or legal guardian?	An individual can receive family training when the child lives with them and the individual is acting in a parental role for the child. This may include paid caregivers, such as a foster parent, when they are acting in the parental role.

Question	Answer
NEW Can group respite be provided in the home?	Group respite cannot be provided in the home for Medicaid participants. This does not preclude the family from having other siblings present during the time the child is receiving respite.
SCHOOL BASED SERVICES	
How will children's services in schools be impacted?	There are two primary developmental disability benefits billed by schools to Medicaid today: developmental therapy and intensive behavioral intervention. Both of these benefits will change for community services under the redesign and the benefits will eventually need to change for the schools as well. The department will work with key school-based services stakeholders to develop a transition plan for schools that could be implemented in 2012. Nothing changes in the interim and the current benefits remain in place.
Can the redesign services be provided in a private school?	Yes, community services can be provided in a private school setting and are subject to the child's individual budget amount.
Are schools considered a State Plan service?	School-based services are not a stand-alone State Plan service, but rather a location for service delivery. The state can define and limit which state plan services are allowable in the school setting. "School-based services" is a term used to describe the group of services available for reimbursement for the schools.
MISCELLANEOUS	
NEW Can a family choose to switch from the Act Early Waiver to the Children's DD Waiver?	Families always have the choice to move to a different waiver if they are not satisfied with their current benefits. One example is if a family decides they want to family-direct their services, this is only an option under the Children's DD Waiver. When a family moves from the Act Early Waiver to the Children's DD Waiver, and new budget and plan will be authorized for one year. The family must remain within the new budget amount for one year.

Question	Answer
Are there limitations for a PCS home provider from participating in traditional services?	A child living in a PCS home cannot receive respite services. Respite services are only available to provide relief to an unpaid caregiver.
Is there a cut-off for IBI and developmental therapy comprehensive assessments?	No. The professional should use their discretion to determine the necessity of a comprehensive assessment during the phased implementation.
Can a clinical supervisor be employed part-time or contract with the agency?	The clinical supervisor needs to be on-site and readily available for the staff they are supervising. It is the responsibility of the agency to determine how this is accomplished.
Will there be limited access to services as a result of the redesign – especially in rural areas?	We have heard from families and providers that having reasonable access to services is a major concern. We want to be sure that children in Idaho have equal opportunities regardless of where they live.
	Family-directed services is a new benefit option that offers families in rural areas that ability to select who they want to provide services and the qualifications they want to require, making their choices much less limited and allowing much more flexibility for families.
	We are also exploring the option of using telehealth to provide therapeutic consultation and other services in order to ensure our highly qualified professionals are available for children around the state.
Will there be waitlists?	Idaho does not intend to use waitlists for new programs.

Question	Answer
Families of children enrolling in the 1915(i) HCBS State Plan Option cannot have an income that exceeds 150% FPL. How does this limitation impact families in Idaho?	This financial limitation is a federal regulation for the 1915(i). In Idaho, families who are above 150% FPL most likely cannot qualify for the Medicaid program. However, if their child has a disability and meets institutional level of care, the child can qualify for Medicaid through Katie Beckett. When a child is on Katie Beckett, the family's income is not considered. All children eligible for Katie Beckett will qualify for the waiver program.
What are the anticipated timeframes for eligibility, plan development and redeterminations?	 Initial Applicants An eligibility assessment must be complete within 30 calendar days from the date a complete application is submitted. Within 1 week of receiving an eligibility notice, the family will be contacted by a case manager to begin the plan development process.
	Annual Redeterminations
	 Every year, the assessor must reassess the participant, or establish and document that the existing assessments reflect the participant's current level of care needs. Eligibility must be complete at least 60 calendar days before the expiration of the current plan of service. In order to meet timelines, the independent assessor will initiate contact with the family 120 calendar days prior to the expiration of the current plan. Within 1 week of receiving an eligibility notice, the family will be contacted by a case manager to begin the plan development process. A new plan of service must be complete at least 45 calendar days prior to the expiration date of the current plan.
	Ongoing monitoring
	 Providers must complete a 6 month and annual provider status review. The annual provider status review must be submitted to the case manager within 45 calendar days prior to the expiration of the existing plan of service.

Question	Answer
How can I have my say when changes are being made that impact my services?	During rule promulgation participants, providers, advocates, and all other interested parties have the opportunity to comment on proposed rules through a variety of mechanisms such as negotiated rule making and public hearings. Testimony may also be given when rules are presented to legislative committees for review and approval.
What if I don't agree with a decision made by the Department?	All Department decisions regarding participant eligibility, plan approval, and budget determinations have appeal rights. Notices sent to the participants have appeal rights included in the notice with instructions on how to appeal a decision. Participants and the public may learn more about the Department's fair hearing processes and policies by going to the children's redesign page at www.redesignforchildren.medicaid.idaho.gov .
Who is eligible for Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services?	All individuals under the age of 21 are eligible to apply for services through the EPSDT process, even if enrolled in a children's or adult's HCBS waiver.
QUALITY ASSURANCE PROCE	SS
Why is the Department performing new quality assurance activities?	The Department is required by Centers for Medicare and Medicaid (CMS) to meet federal waiver assurances for the children's developmental disabilities program. The Department has developed a quality improvement strategy that aligns with waiver assurances, and collects information that will lead to improvements on provider processes and outcomes for participants.
What are the CMS waiver assurances?	The following areas must be reviewed for waiver compliance: Level of Care Service Plan Qualified Providers Health and Welfare Administrative Authority Financial Accountability

Question	Answer
What are the quality assurance activities?	The Department will be completing Outcome Reviews. Outcome Reviews are participant driven, and will include the following activities:
	 Participant records review Parent satisfaction survey Observation of services Internal systems review
What is the Outcome Review process?	The Department will select a sample of children on an annual basis for Outcome Reviews, and these reviews will be performed throughout the year.
	The Division of Family and Community Services (FACS) staff will contact the family to discuss the process. The first step is to ask the parent/guardian where they would like the clinical observation to take place. FACS will contact the agency to request the child's schedule to observe services the following week.
	After completing the clinical observation, the FACS staff will meet with the family to discuss the overall findings from the observation and their satisfaction with the developmental disabilities program.
	Any negative findings from the review will be referred to the appropriate authorities for investigation.
Why are families being given findings from clinical observations?	During the development of the children's redesign, we heard from parents that they wanted tools that would help them select quality agencies for their child. This is a tool that will provide them with direct feedback so they can make informed decisions about their child's services.
Are Outcome Reviews in addition to the existing licensing and certification reviews?	The Outcome Reviews are in addition to the reviews performed by the Division of Licensing and Certification (L&C).
	The Division of L&C no longer completes clinical observations as part of the certification process. The clinical observations will now be completed by the Division of FACS.

Question	Answer
Are the Outcome Reviews and licensing and certification reviews related?	The Division of L&C reviews DDA providers for compliance with certification requirements. The Division of FACS reviews the parent/guardian for satisfaction of services.
	L&C, FACS, and Medicaid collaborate often and share a tracking system to ensure a comprehensive review is completed. In addition, all divisions are included in an ongoing quality improvement committee tasked with discussing findings and identifying system improvements.
Who is the contact for the Outcome Reviews?	The Division of FACS is the operational arm of Medicaid for the children's developmental disabilities program, and will be responsible for delivering quality assurance activities. The FACS hub supervisors may be contacted for questions regarding the Outcome Review process as follows: Region 1 and 2 – Pete Petersen at PeterseP@dhw.idaho.gov or (208) 798-4117 Region 3 and 4 – Susan Stumph at StumphS@dhw.idaho.gov or (208) 475-5073 Region 5, 6, and 7 – Karen Tharp at TharpK@dhw.idaho.gov or (208) 234-7945